

**Parental Consent/Medical Form/  
Code of Conduct (Page 1 of 3)  
2015 FFA-FCCLA Summer Leadership Camp  
Required for all campers at check-in  
(No camper will be allowed to check in  
without all three pages completed)**

Chapter: \_\_\_\_\_

Advisor: \_\_\_\_\_

Student: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

**The Undersigned, Being a Parent or Guardian** of \_\_\_\_\_ (insert name of minor) releases the Georgia FFA-FCCLA Center, its representatives, agents, servants, and employees from liability for any injury to said minor, resulting from any cause whatsoever occurring to said minor at any time while attending the Georgia FFA-FCCLA Center, including travel to and from camp and any field trips, excepting only injury or damage resulting from willful acts of such representatives, agents, servants and employees. The Georgia FFA-FCCLA Center is also released of any expenses resulting from the injury.

Your child will have the opportunity to participate in optional high adventure activities, including but not limited to horseback riding, high ropes course, shooting sports, giant slip and slide, mud obstacle course, zip line, and the blob. The Center will provide trained staff who will conduct these activities in the safest manner possible. *Under Georgia Law, an equine activity sponsor or equine professional is not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 12 of title 4 of the official Code of Georgia annotated.*

This event is a school function. Students and parents are expected to be familiar with all school policies and camp policies. To protect the safety of all students, the Georgia FFA-FCCLA Center has no-tolerance policies that could immediately result in students being sent home. These policies include but are not limited to:

1. Use of violence or possession of weapons
2. Use of alcohol or drugs
3. Entering the cabin of the opposite sex
4. Being outside the cabin after curfew

Parents or guardians of students who violate policies will be notified to pick up their child.

During the week of camp, we will be taking pictures of teams and students that will be used in the Week-in-Review slide show and for camp promotional material. There may also be surveys conducted pertaining to FFA, FCCLA, and/or the camping program. Please contact the main office if you have a need for exclusion.

The Center will have medical staff on site that will treat for basic injuries and illnesses. Campers may be sent to a local hospital or physician if needed. The camper fee includes a small insurance policy that will help cover illness and injury that occur while at camp. For this insurance to apply it must be authorized by camp personnel and properly filed as the primary insurance. Reports must be filed before the student leaves camp, and within 24 hours for an illness and 48 hours for an accident. Medical fees above the maximum limit, fees denied by this insurance, or charges that are not properly authorized and filed will be the responsibility of the patient, parent, or guardian.

**Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_**

**Parents and Students – Get updates and pictures! “Like” us at “facebook.com/GeorgiaSLC” and find special info for students at [www.GeorgiaSLC.org](http://www.GeorgiaSLC.org)!**

**TEACHERS:** If possible, please reproduce this form on front and back for ease of handling. No camper will be allowed to check in without all three pages. We suggest that you make a copy for your information and for transportation.

# Parental Consent/Medical Form/Code of Conduct (Page 2 of 3)

Required for all campers at check-in

1. Student Name \_\_\_\_\_ Chapter \_\_\_\_\_
2. Complete Address \_\_\_\_\_
3. Date of Birth \_\_\_\_\_
4. Name and Phone Number of Family Physician \_\_\_\_\_
5. Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_
6. **LIST ALL ALLERGIES:** \_\_\_\_\_
7. **LIST ALL CURRENT MEDICATIONS:** \_\_\_\_\_

**NOTE: ALL MEDICATIONS MUST BE IN ORIGINAL PACKAGE!**

8. Student's Health History: (heart condition, diabetes, asthma, any injuries) \_\_\_\_\_

**If you have ever been diagnosed with asthma by a physician and have ever had medication including tablets, nebulizers, or inhalers, you MUST bring such treatment with you to camp or you will not be allowed to register!!**

9. Any restrictions/medical conditions the nurse needs to be aware of: \_\_\_\_\_
10. Year of last immunization/immunity: Tetanus \_\_\_\_\_ MMR \_\_\_\_\_ Hepatitis \_\_\_\_\_  
Varicella/Chicken Pox \_\_\_\_\_
11. In case of an emergency, provide contact information so that you can be notified at all times.  
In case of an emergency, contact: \_\_\_\_\_  
Relationship to the student: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_  
Work Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_
12. Secondary contact if above person can not be contacted.  
Contact: \_\_\_\_\_  
Relationship to the student: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_  
Work Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_

13. Please **WRITE YES OR NO** to the following medications your child **may** or **may not be given**:

Tylenol \_\_\_\_\_ Ibuprofen \_\_\_\_\_ Pepto Bismol \_\_\_\_\_ Tums \_\_\_\_\_ Sudafed \_\_\_\_\_ Benadryl \_\_\_\_\_  
Maalox \_\_\_\_\_ Immodium \_\_\_\_\_ Tussin Cough Syrup \_\_\_\_\_ Glucose Tabs \_\_\_\_\_ Visine \_\_\_\_\_  
Neosporin \_\_\_\_\_ Hydrocortisone cream \_\_\_\_\_

I have read and understand the statements in this release form. I understand that should a health problem arise, I will be notified but if I cannot be reached by telephone I consent to emergency medical treatment, which may include surgery for my child as deemed necessary by competent medical personnel. I also consent to the release of information for insurance purposes.

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian (Please Print)** \_\_\_\_\_

# Parental Consent/Medical Form/Code of Conduct (Page 3 of 3)

## Required for all campers at check-in

**Student:** If you agree and are willing to comply with all of the expectations of the Code of Conduct and Summer Leadership Camp Program, please sign at the bottom of the page.

**Parent/Guardian:** Please sign the bottom of this form to show your intent to support the implementation of this Code of Conduct in regards to your child.

### As an FFA or FCCLA Member attending Summer Leadership Camp, I agree that:

- I understand that I am attending a Leadership Camp and will conduct myself in a manner that positively represents me, my school, my chapter, and my organization.
- I understand that Summer Leadership Camp is a school event, so school policies apply. If there is a discrepancy between school policies and camp policies, the strictest rule will apply.
- I will participate in the camp program, display a positive attitude, and conduct myself appropriately at all times.
- I will respect all campers, advisors, and staff. I will follow instructions from all adults and camp staff.
- I will not use a cell phone during camp programs and activities.
- I will follow the dress code.
- I will not enter a cabin of the opposite sex or be on the wrong side of the camp.
- I will not enter any other cabins or buildings that they I am not assigned to.
- I will remain in my assigned cabin after curfew.
- I will not bring highly valuable items to camp. If I do bring valuables, I accept full responsibility for those items.
- I will not use language or behavior that is obscene, violent, or racially or sexually inappropriate.
- I will not possess or use tobacco products, alcohol and/or drugs.
- I will not possess or use firearms, weapons, pocket knives and/or firecrackers.
- I will not bring skateboards, scooters, or roller blades.
- I will respect camp property by keeping the facilities clean, not creating graffiti, and not using items such as water balloons, shaving cream, and toilet paper for destructive purposes. I accept responsibility for damages I cause.

I understand that failure to meet with these standards will result in these steps:

1. I will call my parents/guardians and report my conduct not in compliance with these guidelines.
2. At the Director's discretion, this may result in my parents/guardians arranging transportation home.
3. My school's administration may take further disciplinary action.
4. My chapter will be billed for damages that I cause.

I also understand that if I fail to follow no-tolerance policies, including but not limited to use of violence or possession of weapons, use of alcohol or drugs, entering the cabin of the opposite sex, being outside the cabin after curfew, or harassment of another camper or staff, then the following steps may be taken:

1. I will be removed from the facilities.
2. Law enforcement will be contacted.
3. A letter will be sent to my school administrator.
4. I will be suspended from all activities at FFA-FCCLA Centers for up to 18 months.

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### Student Commitment:

I have read and understand the Code of Conduct above. I agree to abide by it for the safety and enjoyment of myself and of other campers. I understand the consequences of failing to meet these guidelines.

Name of Student: \_\_\_\_\_

Chapter: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_